



October 1988

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Suggested citation

Schafer, N.E. (1988). "Pretrial Intervention and Chronic Offenders." Paper presented at the annual meeting of the Midwestern Criminal Justice Association, Chicago, Oct 1988.

Summary

The Alaska Pretrial Intervention (PTI) program of the Alaska Department of Law operated in 13 locations throughout the state from 1983 to 1986, when economic pressures resulted in the program's termination. The program was intended to provide an alternative to full prosecution in cases where the offense behavior did not appear to warrant it. This paper analyzes recidivism in the PTI program through examination of chronic offenders, defined as PTI clients who were rearrested for the same charge as that for which they had initially been referred to the program.

Additional information

The full report upon which this paper is based was published as:

Schafer, N.E. (1988). *Evaluation of the Alaska Pre-Trial Intervention Program*. NCJ 116615. Report prepared under Grant No. 87-BJ-CX-K042 from the Bureau of Justice Statistics. Anchorage, AK: Alaska Justice Statistical Analysis Unit, Justice Center, University of Alaska Anchorage.

PRETRIAL INTERVENTION AND CHRONIC OFFENDERS

by

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JC 8718.02

This paper was prepared for presentation at the Midwestern Criminal Justice Association annual meeting, October 5 - 7, 1988, Chicago, IL.

Introduction

A complete data base from the Alaska Pretrial Intervention program was collected by the Justice Center from 1983 to 1986, during which time the program was in total statewide operation. During 1987 the Bureau of Justice Statistics awarded a grant to the Justice Center to process this data. The grant included funds for the addition to the data base of the criminal histories of Pretrial Intervention (PTI) clients. The addition of these data enabled the researchers to include a recidivism component in the evaluation. For purposes of analysis recidivism was defined as rearrest on a date subsequent to PTI program intake data.

Based upon suggestions in the literature about repeat offenders this paper attempts to assess those PTI clients who were rearrested for the same charge as that for which they had initially been referred to the program. For the purpose of this paper they have been called "chronic offenders."

Background of the Study

The Alaska Pretrial Intervention Program (PTI) was funded for statewide operation after evaluations of a pilot program in Anchorage were extremely positive. The program operated in thirteen locations throughout the state from 1983 until 1986 when economic pressures resulted in termination of the program.

The PTI program was intended to provide an alternative to full prosecution in cases where the offense behavior did not appear to warrant it. The objectives of the program were: (1) to provide prosecuting attorneys with a viable alternative to formal processing within defined criteria and guidelines; (2) to provide rehabilitative services to Alaska residents charged with essentially non-serious first offenses; and (3) to provide restitution either to the victim through reimbursements for monetary damages or to society through performance of community service. Program guidelines stipulated that non-prosecutable cases could not be referred to the program.

Special PTI programs were designed for two kinds of offenders – spouse abusers usually charged with misdemeanor assault (this category of assault was the only crime against persons specified in PTI guidelines) and shoplifters.

The evaluation of the PTI program conducted by the Justice Center suggests that the objectives were met and that the program did not result in “net widening,” i.e., non-prosecutable cases were not referred to the program.

Since net widening was widely noted in evaluations of pretrial diversion programs reported in the literature it should be mentioned that the Alaska PTI program had certain features not found in programs in other states which helped to eliminate the problem of adding clients to the system. The PTI program was operated by a state agency rather than a local one and it was the agency responsible

for prosecution throughout the state. In other studies the agency operating the diversion program sought cooperation from prosecutors' offices for referrals; in Alaska both PTI staff and prosecutors were employed by the same agency and prosecutors were thus fully involved in the diversion process and committed to the goal of PTI as an alternative to prosecution.

The highly centralized nature of the Alaska justice system and the location of diversion within the Department of Law are probably not easily duplicated elsewhere but one feature of the Alaska PTI program should be incorporated into both diversion and other justice programs – a commitment to program evaluation built into the program at its inception.

An evaluation component was built into the Pretrial Intervention Program by the Department of Law in order to assure that the program was operating in the best interest of the community, the victim and the defendant. From the beginning the evaluation involved the Justice Center at the University of Alaska Anchorage. The evaluation had two phases. The first, focusing on an early pilot program in Anchorage, identified the types of information needed on the data collection forms and formulated the processes and procedures necessary for the generation of accurate information. The second phase responded to the desires of both the Alaska legislature and the Department of Law for ongoing information to be used for policy decisions.

PTI and Center staff developed standard forms, duplicates of which were mailed regularly to the Center for verification and computer entry. The Justice Center staff received and entered data from the beginning of statewide PTI operations in 1983 until termination of the program in 1986. As a result there was accumulated a uniquely complete computerized data base containing extensive information on every pretrial client in the state between 1983 and 1986. These data

were used to provide annual aggregate information to the Department of Law for internal use but no analysis of the full data set was done until 1988 when the Bureau of Justice Statistics provided funds to merge the data files and add criminal histories from the Department of Public Safety. The project report included aggregate information related to client characteristics, the program's goals and objectives, and program effectiveness as measured by recidivism (Schafer, 1988).

The current study has used the data base to examine a particular set of PTI clients, chronic offenders, who were not separately studied in the broader-based initial report.

Review of the Literature

Glaser once suggested in The Effectiveness of a Prison and Parole System (1964) that both our measures and our definitions of recidivism might be reconsidered. He wondered if rearrest or reincarceration for parole violations ought to be excluded from the figures and he also suggested that ex-felons who are returned to prison for minor misdemeanors might be considered “at least partial successes” (p. 13).

It is with Glaser’s notion in mind that the research for this paper concentrated on offenders who continued to be charged, not with felonies or misdemeanors, but with repeated instances of the same behavior. Since none of the population from which the sample was drawn had committed serious felony offenses offenders who recommitted the same offense could in no way be considered even “partial” successes.

Since the population was under what might be considered a very lenient sanction (pretrial diversion) it was also assumed that the sanction itself might serve in some way to reinforce the criminal behavior. Gibbons (1968) discussed in his typology of offenders one criminal he called the “naive check forger.” He found that this offender believed he had found a creative solution to his financial problems and that the mild penalties he received (usually probation) when he was apprehended reinforced his belief that “you can’t hurt anyone with a fountain pen” (Gibbons, 1968, pp.240-242). Thus for some offenses it seemed possible that pretrial diversion might be an inappropriate sanction.

Since the data base was the only source for recidivism information the original pretrial report used rearrest as the determinate of recidivism. The recidivism literature also considers reconviction or “recidivism by incarceration” (Hoffman and Stone-Meierhoefer, 1980; Illinois Criminal Justice Information Authority, 1987; and

others). This does not exclude offenders reincarcerated on technical violations of parole rules, but does exclude ex-offenders who are arrested "on suspicion." The use of rearrest, while including offenders who may not be reincarcerated, is a standard measure of recidivism though it may result in higher measures of recidivism than the use of reincarceration.

Another concern in the recidivism literature is the length of the follow-up period. Wallerstedt, (1984) and Beck (1987) have noted that the failure of those released from prison was most likely to occur within the first two years of release and that age was the most likely predictor of program failure with offenders under 25 almost twice as likely to be rearrested as offenders over 25.

Few studies of recidivism by type of offense can be found in the literature. Under Alaska PTI guidelines assault (in a lesser degree) was the only crime against persons included for referral. Since the guidelines specifically mentioned domestic violence, and this offense is included for chronic offenders, the recent literature on this offense was considered. An emphasis on criminalization of this offense was noted (e.g., Soler, 1986; Lipsman, 1986) and there were several reports of changes in police policies and attitudes (Dolon et al., 1986; Cohn and Sherman, 1987) and court policies and attitudes (Goolkas, 1986) where arrest and formal arraignments were increasingly viewed as a more viable response than counseling, mediation, etc. Many police departments have begun to mandate arrest in domestic violence disputes (e.g., Minneapolis and Denver) and the state of Montana has legislatively mandated arrest for such cases or required that police explain in writing why an arrest was not made (Franz et al., 1986; Mickish and Schoen, 1988; Ferguson, 1987; and others). In discussing the effectiveness of these policies most studies referred to increasing numbers of arrests, prosecutions and court-monitored dispositions, not to the recidivism of the offender.

Reports on recidivism for other offenses are also scarce. Criminal data are not readily available for measuring rearrest for offenses associated with alcoholism or narcotics addiction. Relapses are reported by treatment programs but such program failures usually are not included or are not apparent in criminal statistics. Discussions of offenders who steal repeatedly tend to be anecdotal or based upon individual case studies. There is little empirical data on the repeated criminal activity of thieves.

Chronic Offenders

Out of a total of 574 PTI recidivists in the total sample of 1,734 only 144 (8.2%) were rearrested on the same charge for which they entered the program. It had been hypothesized that certain PTI clients would be more likely than others to recommit their intake offenses. For example, it was assumed that a substantial portion of PTI recidivists whose intake offense was drug-related would be found to have been rearrested on drug-related charges because of the difficulties in dealing with addictions, while burglar recidivists would be more likely found involved in a different charge since they had found burglary unrewarding.

Figure 1 displays the total data set by intake offense for all offenses containing more than 30 cases. Both program successes (no subsequent arrest) and program failures (at least one subsequent arrest) are indicated. The third column details chronic offenders and indicates what percentage of program failures they constitute. Clients referred for drug offenses had the lowest failure rates for all clients referred for the ten most frequent offenses and were considerably less likely to be rearrested on a drug charge than were underage drinkers – the only other offense category directly linked to potentially addictive behavior. The offense with the highest percentage of chronic offenders among program failures was assault. Assaults connected with domestic violence were specially referred cases under PTI program intake guidelines. Domestic violence may or may not be addictive behavior, but there are suggestions in the literature that it is habitual behavior.

This paper examines the chronic offenders as a group on certain demographic characteristics and then uses the largest offense categories to compare chronic offenders with successful PTI clients referred for theft (N=47), underage consumption (N=30) and assault (N=28).

Because the recidivism literature notes the close relationship of age to recidivism, Figure 2 lists the ages of chronic offenders by offense type. While it is clear that chronic offenders tend to be young, the 30 offenders who have been rearrested for underage drinking skew the table. Were they deleted from the sample the curve would be a gentler one. While chronic theft appears to be the behavior of people under 25, assault appears linked to those 25 and older. The majority of intake offenses for theft were associated with shoplifting which is a crime often associated with the young. The offense of assault was, according to program guidelines, usually associated with domestic violence; marriage and/or cohabitation tend to be linked with an older age group. Although the sample is very small, offenders who were rearrested for burglary/trespass were overwhelmingly under 21 at PTI intake date. This clearly is a young person's activity.

Chronic offenders are compared to the total sample on personal characteristics other than age in Figure 3. They are similar to the total sample of program failures (of which they are a part) in the ratio of males to females, in education and in the proportion of each race/ethnic group represented. Like many other program failures a substantial majority of chronic offenders entered the program with an identified alcohol problem. Two legal characteristics are included in this Figure: offense severity indicated by whether they were charged at intake as felons or as misdemeanants, and prior record. Chronic offenders were slightly less likely than the total sample of program failures to have been charged as felons and slightly less likely to have had a prior record (juvenile records were included as priors). Note that all program failures tended to have less education and more alcoholism in their backgrounds than did program "successes." They were also more likely to have records than program successes. Whether the intake charge was a felony or a misdemeanor does not appear to be related to rearrest after intake date.

The only notable difference between chronic offenders and others in the sample was that chronic offenders were more likely than either program successes or other program failures to have spent time in jail on the intake offense. A persistent theme in the literature suggests that a small amount of jail time underscores the offender's understanding that his or her behavior is a criminal act and serves as a deterrent for particular types of offenders. Lemert's study of naive check forgers certainly suggests that repeated mild penalties do not intervene in this offender's behavior. He only comes to terms with the criminal nature of his offense when he finally is sentenced to prison for repeated acts of forgery (Lemert, 1983; Gibbons, 1968).

The literature suggests that arrest of the perpetrator in domestic violence situations may decrease future incidents of domestic violence. Presumably, arrest underscores the serious nature of the behavior and deters the individual from further acts of violence in the home. All PTI clients were arrested but only some spent time in jail on their charge. If arrest is a deterrent time in jail might be assumed to be an even greater one, but jail time did not seem to have the desired effect on PTI chronic offenders. A closer look at this variable by offense is warranted.

The most numerous PTI offenses were theft, underage drinking, narcotic possession and assault and these offense categories account for 84.7% of chronic offenders. These four offenses for chronic offenders are compared with the total sample for time in jail in Figure 4. Time spent in jail for theft seems unrelated to rearrest for the same offense (chronic offenders) or for any offense. In Alaska public drunkenness has been decriminalized but the law provides for police to take the inebriated into protective custody. Since underage drinking may or may not be associated with drunkenness the difference in the proportion of chronic offenders who spent time in jail and program successes who spent time in jail may be related to alcoholism, i.e., since the pool of chronic underage drinkers were rearrested for

underage drinking, jail time on the initial offense was likely related to drunkenness and repetitions of this behavior are probably indicative of alcoholism.

A problem with addiction might also be associated with the incarceration of narcotics abusers. It should be noted that PTI clients referred for violations of the controlled substance laws had one of the lowest rearrest rates of all PTI clients. It may be that program success for this offense was related to primary deviance or first time possession or use.

For the offense of assault jail time does not appear to be a stronger deterrent than arrest alone. It may be that jail time has the reverse effect in domestic violence and leads to renewed anger against the victim.

It should be noted that fully half of all PTI assault clients who recidivated were rearrested for assault. For no other intake offense were so large a proportion of recidivists involved in repetitions of the same behavior. Because the PTI program developed guidelines for dealing with domestic violence cases and because these were the bulk of the assault cases these offenders require more specific analysis.

More than two-thirds of the 28 chronic assaultists were under the influence of alcohol at the time of their offense (N=19) and even more were identified in their intake interviews as having alcohol problems (N=20). Of these 20 chronic offenders nine had been or were involved in an alcohol treatment program at intake: four were currently in a program, three had completed a program and two had begun programs but left before completion. Studies have noted an association between alcohol and domestic violence (e.g., Livingston, 1986) and the PTI chronic abusers seem to bear out this association.

The PTI program attempted to deal with this problem; participation in an alcohol treatment program was included in the PTI contracts of 19 of the abusers.

They did not do particularly well in their alcohol treatment programs. Only seven completed treatment (36.9%), another seven completed part of a program and five (26%) did not participate.

Domestic violence counseling was included in the contracts of 23 of the 28 chronic offenders in the assault sample (82.2%). Eight completed domestic violence counseling, ten were in partial compliance and four did not participate. Eighteen abusers had at least some of the benefits of participation in a domestic violence treatment program but continued their assaultive behavior.

Assaultists who did not come to the attention of the police in the one to four year follow-up period also had alcohol problems: 65.7 per cent of them were under the influence of alcohol at the time of the intake offense, 63.6 per cent were identified as having alcohol problems, and 82.4 per cent had alcohol treatment as a condition of their PTI contract. Unlike the chronic abusers these offenders tended to complete their alcohol treatment; 87 per cent completed the full program, 2.4 per cent were in partial compliance and 10.1 per cent failed to participate. Successes were also more involved in domestic violence counseling programs; of 90 offenders whose PTI contracts required this treatment 68 percent were in full compliance; 22 per cent were in partial compliance and 10 per cent did not participate.

The data cannot determine if arrest had an impact on these offenders or if the programs which they were required to attend had an impact, but certainly the non-recidivating abusers were considerably more involved in treatment than were the chronic abusers. At intake many of the successful participants (71.5%) admitted to previous abusive behavior, but approximately the same percentage of PTI recidivists (75.4%) had a history of physical abuse.

Two types of chronic offenders were considered potential recidivists because of possible addictions, those charged with narcotics offenses and those charged with

underage drinking. Those charged with underage drinking present special problems for analysis. More than 80 per cent of all PTI participants charged with this offense were from a single PTI location (Fairbanks). The remainder were scattered among the twelve other PTI jurisdictions. Chronic offenders charged with repeat offenses were also primarily from Fairbanks: 24 of the 32 in the chronic offender sample (80%).

Since it must be assumed that many young people between the ages of 17 and 21 experiment with alcohol wherever they reside, it must also follow that other jurisdictions deal with this offense in some other way. Under Alaska statutes underage drinking is a Class A misdemeanor which permits incarceration for up to one year for persons convicted of this offense, but such sentences are, according to the Department of Corrections, extremely rare. In Anchorage law enforcement officials tend to handle these charges informally. If they get as far as the prosecutor's office such charges are usually dropped.

On variables which may indicate an alcohol abuse problem the chronic offenders did not rate especially high. Only 7 (23.3%) were identified at intake as having an alcohol problem and only 2 (6.5%) had previously been in an alcohol treatment program. Twenty-five of them (83.3%) were required in their PTI contracts to attend alcohol counseling programs; of these 12 did not participate (40.0%) and 13 (43.4%) did attend. Eleven of the 13 fully completed their assigned alcohol counseling program.

Alcoholism among the Alaska Native population has been a special concern throughout the state with many Native villages voting to be "dry" under Alaska's local option law. While it was considered possible that rearrest would represent efforts to strictly control alcohol use among Native young people, the data do not suggest that recidivism is related to such efforts. Although Fairbanks has a

substantial Native population only 20 per cent of the chronic offenders rearrested for minor consuming were Alaska Natives (N=6).

Thus the data suggest that neither alcoholism nor cultural concerns are related to formal handling for this offense or to rearrest for this offense. It may be that local priorities and values have more to do with the treatment of underage drinkers than either of these.

PTI clients charged with narcotic offenses were also considered likely to be rearrested as a result of addiction. As noted above, clients charged with narcotics offenses at intake had the highest success rate of all offense categories. Only 7.0 per cent of those offenders classified as successes had previously been in drug treatment programs (N=12) which would lead one to the conclusion that they were for the most part first offenders who were experimenting with narcotics rather than heavy users. Only three of the 17 chronic offenders rearrested on drug problems had previously been in treatment (17.7%). Ten of them were required to participate in drug counseling programs as part of their PTI contracts: six fully completed their programs (60.0%), 3 partially completed theirs (3.0%) and only one did not participate. Similar proportions were found among the program successes. Approximately half of the successful PTI clients whose intake offense was drug-related were required to participate in a PTI-referred drug counseling program; 8.1 per cent of them did not participate (N=7), 78.9 per cent completed their programs and 12.7 per cent were in partial compliance with this PTI condition. Because the number of chronic narcotics offenders is very small, no conclusions can be drawn from the data.

Clients charged with theft constituted the largest number of PTI referrals and, of course, the largest number of chronic offenders (N=47). Few of them were assigned to treatment programs of any sort. They were primarily required to make

restitution to their victims or to engage in community service work as a form of societal restitution. The data do not provide any suggestions as to the reasons for their repeat behavior.

Summary and Conclusions

This paper has provided a preliminary examination of pretrial diversion clients who were rearrested after intake on the same charge as their intake offense. Fewer than 10 per cent of the 1,753 clients in the sample were same offense recidivists (N=144). As a group they did not differ significantly from other program participants in a number of social and legal characteristics. When broken down by offense only one offense category was sufficiently different to suggest that they should be studied with great care. PTI clients charged with assault had usually been involved in domestic violence. They were more likely than any other group of recidivists to be rearrested for the same charge as their intake offense and least likely of all "chronic offenders" to be deterred by a stay in jail on their intake charge.

Although further study is necessary the research suggests that assaultists may not be appropriate candidates for pretrial diversion programs.

Among the other categories of chronic offenders large enough to assess no factor can be identified as related to their rearrest behavior.

BIBLIOGRAPHY

- Beck, A.J. (1987) *Recidivism of Young Parolees*, Bureau of Justice Statistics Special Report. Washington, D.C.: Bureau of Justice Statistics.
- Cohn, E.G. and Sherman L. W. (1987) *Police Policy on Domestic Violence, 1986: A National Survey*. Washington, D.C.: Crime Control Institute.
- Dolon, R., Hendricks, J., Meagher, M.S. (1986) "Police Practices and Attitudes toward Domestic Violence" *Journal of Police Science and Administration* 14(3):187-192.
- Ferguson, H. (1987) "Mandating Arrests for Domestic Violence," *FBI Law Enforcement Bulletin* 56(4):6-11.
- Franz, H.; Gallagher, M.; Hefenieder, A.;McRae, K.S.; Pfeifer, K.A.; Plubell, T.K.; and Smith, M.E. (1986) "Montana's New Domestic Abuse Statutes – A New Response to an Old Problem," *Montana Law Review* 47(2):403-419.
- Gibbons, D. (1968) *Society, Crime and Criminal Careers*. Englewood Cliffs, NJ: Prentice-Hall, inc.
- Glaser, D. (1964) *The Effectiveness of a Prison and Parole System*. Indianapolis: Bobbs-Merrill.
- Goolkasian, G.A. (1986) "Judicial System and Domestic Violence An Expanding Role." *Response to the Victimization of Women and Children* 9(4):2-7.
- Hoffman, P.B. and Stone-Meierhoefer, B. (1979) "Post-Release Arrest Experiences of Federal Prisoners: A Six-Year Follow-up," *Journal of Criminal Justice* 7(3):193-216.
- _____ (1980) "Reporting Recidivism Rates: The Criterion and Follow-up Issues," *Journal of Criminal Justice* 8(2):53-60.
- Illinois Criminal Justice Information Authority (1987) Repeat Offenders in Illinois: Recidivism Among Different Types of Prison Releases. Research Bulletin, State of Illinois.
- Livingston, L.R. (1986) "Measuring Domestic Violence in an Alcoholic Population," *Journal of Sociology and Social Welfare* 13(4):934-951.
- Lipsman, J.A. (1986) Criminal Law: Domestic Violence, *Annual Survey of American Law* N.4, October 1986.
- Mickish, J.; Schoen, K. (1988) "Domestic Violence: Developing and Maintaining an Effective Policy," *Prosecutor* 21(3):15-20.
- Salazar, P.R. (1986) Denver Domestic Violence Manual, 50 pp. Denver CO: Denver Police Department.

Soler, E. (1986) Domestic Violence is a Crime: A Case Study, San Francisco Family Violence Project in Sankin, D.J, ed. *Domestic Violence on Trial*. San Francisco: Copter's Incorporated, pp 21-35.

**Figure I. Program Successes/Failures by Intake Offense with Chronic Offenders
as a Subset of all Failures**

Intake Offense	Total N	Successes		Failures		Chronic Offenders	
		#	%	#	%	#	% of failures
theft	486	339	69.8	147	30.2	47	32.0
drugs	216	162	75.0	54	25.0	17	31.5
minor consuming	200	128	64.0	72	36.0	30	41.7
burglary/trespass	196	113	57.7	83	42.3	15	18.1
assault	184	128	69.6	56	30.4	28	50.0
criminal mischief	137	77	56.2	60	43.8	0	0.0
forgery	75	45	60.0	30	40.0	0	0.0
weapons misconduct	46	33	71.7	13	28.3	2	15.4
disorderly conduct	31	20	64.5	11	35.5	1	9.1
fraud	31	20	64.5	11	35.5	2	18.2
other*	151	114	75.5	37	24.5	1	2.7
GRAND TOTALS	1,753					144	

* includes a wide variety of offenses such as: DWI, perjury, littering, violations of fish & wildlife laws, contributing to delinquency of a minor, etc.

Figure 2. Age Distribution by Type of Offense - Chronic Offenders

Offense	17-20 yrs		21-24 yrs		25-29 yrs		30-34 yrs		35 + yrs		TOTAL #
	#	%	#	%	#	%	#	%	#	%	
theft	17	36.2	15	31.9	8	17.0	1	2.1	6	12.8	47
minor consuming	30	100	—	—	—	—	—	—	—	—	30
assault	1	3.6	9	32.1	9	32.1	5	17.9	4	14.3	28
controlled substance	3	17.6	2	11.8	8	47.1	3	17.6	1	5.9	17
burglary/trespass	11	73.3	1	6.7	2	13.3	—	—	1	6.7	15
other	2	28.5	3	42.9	—	—	2	28.5	—	—	7
TOTALS	64		30		27		11		12		144

Figure 3. Selected Social and Legal Characteristics

		Program Success		Program Failure		Chronic Offenders	
		#	%	#	%	#	%
Sex							
	Male	863	73.2	471	82.0	119	82.6
	Female	316	26.8	103	17.9	24	17.4
Education							
	High School Diploma	920	78.0	392	68.3	94	65.3
	No Diploma	259	22.0	182	31.7	90	34.7
Race							
	Black	57	4.8	28	4.9	9	6.3
	White	852	72.2	378	65.8	97	67.4
	Native	220	18.7	148	25.8	33	22.9
	Other	50	4.2	20	3.5	5	3.5
Alcohol Problem							
	Yes	582	49.3	361	62.9	86	59.7
	No	597	50.6	213	37.1	58	40.3
Offense Severity							
	Misdemeanor	760	64.5	341	59.4	92	63.9
	Felony	418	35.5	234	40.7	52	36.1
Prior Record							
	No prior	804	68.2	307	53.5	84	58.3
	Prior	375	31.8	267	46.5	60	41.7
Jail Time							
	Yes	486	41.2	284	49.5	83	57.6
	No	693	58.8	289	50.4	61	42.4

Figure 4. Intake Offense by Time in Jail on Intake Charge

OFFENSE	SUCCESES				FAILURE				CHRONIC OFFENDERS			
	Jail Time		No Jail Time		Jail Time		No Jail Time		Jail Time		No Jail Time	
	#	%	#	%	#	%	#	%	#	%	#	%
theft	120	35.5	218	64.5	56	38.1	90	61.2	17	36.2	30	63.8
underage drinking	54	42.9	72	57.1	36	50.0	36	50.0	17	56.7	13	43.3
assault	77	60.2	51	39.8	41	73.2	15	26.8	19	67.9	9	32.1
drug use	82	50.6	79	48.8	39	72.2	15	27.8	14	82.4	3	17.6